



Available online on 15.7.2020 at <http://ujpr.org>  
**Universal Journal of Pharmaceutical Research**  
 An International Peer Reviewed Journal

Open access to Pharmaceutical research  
 This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial Share Alike 4.0 License which permits unrestricted non commercial use, provided the original work is properly cited



Open Access

Volume 5, Issue 3, 2020

## REVIEW ARTICLE

# TISSUE ENGINEERING BIOREACTORS: POTENTIAL APPLICATIONS AND SCALE UP STRATEGY

Serhat ALADAĞ<sup>ID</sup>, Evren ALGIN YAPAR<sup>ID</sup>

Department of Analysis and Control Laboratories, Turkish Medicines and Medical Devices Agency, 06430 Sıhhiye, Ankara, Turkey.

## ABSTRACT

Tissue engineering bioreactors have been used in order to achieve production of artificial tissue, increasing cell proliferation capacity and yield and/or *in vitro* tissue/disease modelling. Although it is still discussing how to obtain functional and vascular tissue with these bioreactors, preclinical and clinical studies are ongoing. Tissue engineering bioreactors have been used as lab-scale bioreactors until now. Crucial potential application areas can be created by increasing the production capacity and bioprocess efficiency of these bioreactors. In this review, recent bioreactor technologies such as spinner flask, rotating wall/bed, hollow fiber membrane, perfusion and mechanical stimuli bioreactors are briefly presented in terms of their potential applications in medical field especially in the scope of scale-up approaches such as bubble column, stirred tank, membrane, air lift, fluidized packed and bed bioreactors.

**Keywords:** Bioreactors, modelling in pharmaceutical/biological research, tissue engineering, organ support systems, tailor made treatment.

**Article Info:** Received 1 May 2020; Revised 11 June; Accepted 6 July, Available online 15 July 2020



## Cite this article-

ALADAĞ S, ALGIN YAPAR E. Tissue engineering bioreactors: an overview on potential application and benefits of scale up strategy. Universal Journal of Pharmaceutical Research 2020; 5(3):48-52.

DOI: <https://doi.org/10.22270/ujpr.v5i3.416>

## Address for Correspondence:

Assoc. Prof. Dr. Evren ALGIN YAPAR, Department of Analysis and Control Laboratories, Turkish Medicines and Medical Devices Agency, 06100 Sıhhiye, Ankara, Turkey. Tel: +903125655370, E-mail: [evrenalginy@yahoo.com](mailto:evrenalginy@yahoo.com)

## INTRODUCTION

Cell culture has begun to use in medical sciences as 2D cell culture accompanying with many disadvantages such as not mimicking the *in vivo* environment, mass transfer, gas exchange, waste management, inability to real time monitoring of the culture medium, harvesting the cells by enzymatic methods and eliminating the cell products from the medium during replacement<sup>1,2</sup>. The 3D culture systems have been enhanced by using bioreactors in order to eliminate the disadvantages of the static culture. Bioreactor is a system that supports biological environment, which designed to gather cells/tissues in cell culture. They are developed to use in tissue, bioprocess/biochemical engineering. Bioreactors can be used for the tailor made treatment, the organ support systems, increasing the number of cells before autologous cell implantation, *in vitro* tissue/disease modelling in pharmaceutical research and producing recombinant human proteins, vaccines, drugs and tissue grafts<sup>3,4</sup>. There are different types of bioreactors; spinner flask, rotating wall/bed, hollow fiber membrane, perfusion and mechanical stimuli bioreactors<sup>5</sup>. In this review, recent bioreactor

technologies for tissue engineering briefly presented in terms of their potential applications in medical field especially in the scope of scale-up approaches.

## TISSUE ENGINEERING BIOREACTORS

Five types of bioreactors, which can be used for tissue engineering are currently in use and commercially available. These are; spinner flask, rotating wall/bed, hollow fiber membrane, perfusion and mechanical stimuli bioreactors<sup>6</sup>. Their mechanisms are briefly indicated as follows.

### Spinner Flask Bioreactors

Spinner flasks are simple and frequently utilized bioreactor type. In this system; scaffolds are fixed the needles, magnetic bar mixes the medium. Along seeding, suspended cells into medium are transferred to scaffold throughout by convection. In this way, cell seeding performance is increased by 3D seeding medium<sup>7</sup>.

### Rotating Wall/Bed Bioreactors

First discovered rotating wall bioreactor has been originally projected by National Aeronautics and Space Administration (NASA) in order to gather stable cell

culture research in space. At the same time, this is revealing a potential for culturing cells on Earth. Wall rotation rate allows the centrifugal force, hydrodynamic drag force and gravitational force<sup>8,9</sup>.

#### Hollow Fiber Membrane Bioreactors

The bioreactors are frequently utilized for culturing sensitive and highly metabolic cells which are needed high mass transfer<sup>10</sup>. Hollow fiber membrane bioreactors have increased surface for cell attachment. Cells can be seeded inner/outer surface of fibers. Hollow fiber membrane bioreactors are utilized for several purposes; cell population expansion and creation of engineered tissues in the field of regenerative medicine, *in vitro* models for drug testing in pharmaceutical industry<sup>11</sup>.

#### Perfusion Bioreactors

The perfusion bioreactors have continuous flow and oxygenated medium through seeded scaffold which is fixed part of bioreactor. These features enhance medium flow through scaffold pores also provide mechanical stimulus to cells with optimized shear stress. In this way, cell function and viability are improved<sup>12</sup>.

#### Mechanical Stimuli Bioreactors

There are several types of mechanical stimuli bioreactors which are utilize static, dynamic or combined effect. Compression bioreactors utilized for development of cartilage tissue that are required mechanical stimulus for proliferation. In strain bioreactors; force applied to the construct is a tensile force. These systems are utilized for tendons and ligaments engineering<sup>13</sup>.

**Table 1: Application fields, types and examples of bioreactors in medical fields.**

Applications Fields of Bioreactors	Types of Application	Application Examples
The tailor made treatment	Organ support systems	Bioartificial kidney system <sup>4,18,19</sup> Bioartificial liver support system <sup>20,21,22,23</sup> Bioartificial pancreas system <sup>24,25</sup>
	Increasing the number of cells before autologous cell implantation	Chondrocyte <sup>26</sup> Hepatocyte <sup>27</sup> Stem cell <sup>28</sup> Platelet rich plasma <sup>29</sup> Bone tissue <sup>30</sup> Cornealtissue <sup>31</sup> Skeletal muscle <sup>32</sup> Vascular smooth muscle tissue <sup>33</sup>
	<i>In vitro</i> tissue modelling	Micro-Bioreactors, Lab-on-Chips, Organ-on-Chips <sup>34,40</sup> Modelling fibrosis <sup>41</sup> Modelling colon cancer <sup>42</sup> Modelling acute liver failure <sup>43</sup> Modelling chronic obstructive pulmonary disease <sup>44</sup> Modelling lung tumor <sup>45,46</sup>
	Disease modelling	Modelling malignant peripheral nerve sheath Tumor <sup>47</sup> Disease-on-Chips <sup>48-50</sup> Viral vaccine production (H1N1) <sup>17</sup> Monoclonal antibodies <sup>51</sup> Recombinant human serum albumin <sup>52</sup> Recombinant human insulin <sup>53</sup> Antibiotics (phenoxymethyl penicillin) <sup>54</sup>
Modelling in pharmaceutical/biological researches	Vaccines	Citric acid <sup>55</sup> Pyruvic acid <sup>56</sup> $\alpha$ -Cyclodextrin <sup>57</sup>
	Recombinant human proteins	Vascular tissue graft <sup>58-62</sup> Osteochondral graft <sup>63,64</sup> Bone graft <sup>65-69</sup>
	Drugs	
Human medicinal products bioprocess	Tissue grafts	

#### POTENTIAL APPLICATION FIELDS AND SCALE UP STRATEGY

Tissue engineering bioreactors are lab-scale bioreactors based on tissue production or modeling. In addition to the works carried out to achieve the goal of tissue production, other outcomes of these systems were also benefited. Scale-up approaches and techniques are coming with problems to overcome. These problems are also parameters that need to be optimized such as

operating time, production efficiency and capacity, temperature, pH, oxygenation, continuous monitoring, mass transfer, gas exchange, obtaining products and control of secondary processes. If repeatable and reproducible systems are obtained by optimizing scale-up conditions, potential applications of bioreactors in the medical field can be better succeeded<sup>5-13</sup>. Considering the usage areas of tissue engineering bioreactors and gains, it is seen that these bioreactors have potential application capacity. Potential

applications arise due to the needs for them. Recent potential applications of bioreactors in the medical field can be listed as; i. tailor made treatment, ii. *in vitro* tissue/disease modelling in pharmaceutical/biological research, iii. producing recombinant human proteins, vaccines, drugs and tissue grafts<sup>4,14-17</sup>. Although not in the near future; there is a potential that tissue/organ printing and personal bioreactor producing.

### The Tailor Made Treatment

Conventional treatment methods include generalized protocols based on common indications. On the other hand in some clinical scenarios, patients' individual feature and medical charts of patients may vary from patient to patient. The tailor made treatment with bioreactors can be achieved as application of organ support systems and increasing the number of cells before autologous cell implantation. Some organs have synthesis, filtration, metabolization and detoxification function such as kidney, liver and pancreas. In this point, the extracorporeal organ supporting systems is beneficial, especially on the cell based therapy for example; stem cell, platelet rich plasma, autologous cell implantation, etc., cell proliferation capacity and harvested cell number differ with patient to patient by cell origin, age and gender. Because of these individual changes, the tailor made treatment has been gained importance<sup>14,15</sup>.

### Modelling in Pharmaceutical Research

Animal studies and their outcomes are naturally piece of development of therapeutic systems. However; there are some ethical concern come from 3R approach. In this point *in vitro* tissue, disease and physiological system modelling are preferable because of saving animals and also avoid consuming time, budget and working power. Scientists have been still working on tissue modelling such as cardiac, liver, pancreas, breast and bone tissue modelling in order to work targetted organ. On the other way, there are some studies as to disease modelling such as bone fracture, damaged tissue, cancer tissue in order to work disease based therapeutical agents<sup>16</sup>. Multicellular spheroid, hollow fiber and multicellular layer are utilized for modelling pharmaceutical research such as understanding cytotoxicity, drug metabolism and pharmacokinetics<sup>4</sup>.

### Producing Human Medicinal Products

The batch processing is conventionally utilized in order to gather human medicinal products such as vaccine, drug and recombinant proteins. In this point, there are some concerns about Good Manufacturing Practices (GMP) requirements, yield performance, process management requirements, monitoring, which also must be evaluated in a standardized manner to ensure quality control. Some critical parameters such as proteomics, surface marker analysis, sterility testing and functional assays can be used to ensure the quality control<sup>15,70,71</sup>. In spite of the mentioned concerns, the bioreactors seem to be a good solution with acoustic settlers, hollow fiber bioreactors and hollow fiber based perfusion systems including tangential flow filtration or alternating tangential flow technologies<sup>17</sup>.

## CONCLUSION

The results obtained with tissue engineering bioreactors are promising. These systems increase cell number and efficiency, cell transplantation performance through tissue scaffolds, largely eliminate the disadvantages of the 2D cell culture medium, ensure real-time monitoring of the cell culture medium and achieve graft production. However; there are some problems such as lack of repeatability/reproducibility in production performance, standardizing treatment protocols for transplantation and achieve the same efficiency due to patients' different age, gender and health status. It is also seen from the studies in the literature that functional and vascular structures cannot be obtained. On the other hand, GMP requirements and legislative infrastructure should be developed in advanced therapy medicinal products. Additionally; scale-up approaches and techniques are coming with problems to overcome. These problems are also parameters that need to be optimized such as operating time, production efficiency and capacity, temperature, pH, oxygenation, continuous monitoring, mass transfer, gas exchange, obtaining products and control of secondary processes. If repeatable and reproducible systems are obtained by optimizing scale-up conditions, potential applications of bioreactors in the medical field can be better succeeded. From the perspective of the future, it is anticipated by the related studies that while the developments in bioreactor systems continue, there will be significant developments regarding the use of plants as bioreactors in drug development.

## REFERENCES

1. Zhaoa J, Griffin M, Cai J, Li S, Bulter PEM, Kalaskar DM. Bioreactors for tissue engineering: An update. *Biochem Eng J* 2016; 109: 268–281. <https://doi.org/10.1016/j.bej.2016.01.018>
2. Plunkett N, O'Brien FJ. Bioreactors in tissue engineering. *Tecnol Health Care* 2011; 19(1): 55-69. <https://doi.org/10.3233/THC-2011-0605>
3. Martin I, Wendt D, Heberer M. The role of bioreactors in tissue engineering. *Trends Biotechnol* 2004; 22(2): 80-86. <https://doi.org/10.1016/j.tibtech.2003.12.001>
4. Ginai M, Elsbey R, Hewitt CJ, Surry D, Fenner K, Coopman K. The use of bioreactors as *in vitro* models in pharmaceutical research. *Drug Discov Today* 2013; 18(19-20): 922-935. <https://doi.org/10.1016/j.drudis.2013.05.016>
5. Attanasio C, Netti PA. Bioreactors for cell culture systems and organ bioengineering. *Kidney Trans Bioeng Regen* 2017; 889-899. <https://doi.org/10.1016/B978-0-12-801734-0.00064-3>
6. Martin I, Wendt D, Heberer M. The role of bioreactors in tissue engineering. *Trends Biotechnol* 2004; 22(2): 80-86. <https://doi.org/10.1016/j.tibtech.2003.12.001>
7. Qureshi AT, Chen C, Shah F, Thomas-Porch C, Gimble JM, Hayes DJ. Human adipose-derived stromal/stem cell isolation, culture, and osteogenic differentiation. *Methods Enzymol* 2014; 538: 67-88. <https://doi.org/10.1016/B978-0-12-800280-3.00005-0>
8. Schwarz RP, Goodwin TJ, Wolf DA. Cell culture for three-dimensional modeling in rotating-wall vessels: an application of simulated microgravity. *J Tissue Cult Methods Tissue Cult Assoc Man Cell Tissue Organ Cult* 1992; 14(2): 51-57. <https://doi.org/10.1007/BF01404744>
9. Morabito C, Steimberg N, Mazzoleni G, *et al.* RCCS Bioreactor-based modelled microgravity induces

- significant changes on *in vitro* 3D neuroglial cell cultures. *Bio Med Res Int* 2015; 2015: e754283. <https://doi.org/10.1155/2015/754283>
10. Eghbali H, Nava MM, Mohebbi-Kalhor D, Raimondi MT. Hollow fiber bioreactor technology for tissue engineering applications. *Int J Artif Organs* 2016; 39(1): 1-15. <https://doi.org/10.5301/ijao.5000466>
  11. Wung N, Acott SM, Tosh D, Ellis MJ. Hollow fibre membrane bioreactors for tissue engineering applications. *Biotechnol Lett* 2014; 36(12): 2357-2366. <https://doi.org/10.1007/s10529-014-1619-x>
  12. Holtorf HL, Sheffield TL, Ambrose CG, Jansen JA, Mikos AG. Flow perfusion culture of marrow stromal cells seeded on porous biphasic calcium phosphate ceramics. *Ann Biomed Eng* 2005; 33(9): 1238-1248. <https://doi.org/10.1007/s10439-005-5536-y>
  13. Demarteau O, Jakob M, Schäfer D, Heberer M, Martin I. Development and validation of a bioreactor for physical stimulation of engineered cartilage. *Biorheology* 2003; 40(1-3): 331-336. *PMID: 12454423*
  14. Kumar A, Tripathi A, Jain S. Extracorporeal bioartificial liver for treating acute liver diseases. *J Extra Corpor Technol* 2011; 43(4): 195-206. *PMID: 22416599*
  15. Stephenson M, Grayson W. Recent advances in bioreactors for cell-based therapies. 2018, F1000Research, 7. <https://doi.org/10.12688/f1000research.12533.1>
  16. Elliott NT, Yuan FAN. A review of three-dimensional *in vitro* tissue models for drug discovery and transport studies. *J Pharm Sci* 2011; 100(1): 59-74. <https://doi.org/10.1002/jps.22257>
  17. Tapia F, Vázquez-Ramírez D, Genzel Y, Reichl U. Bioreactors for high cell density and continuous multi-stage cultivations: Options for process intensification in cell culture-based viral vaccine production. *Appl Microbiol Biotechnol* 2016; 100: 2121-2132. <https://doi.org/10.1007/s00253-015-7267-9>
  18. University of California - San Francisco. "Implantable artificial kidney achieves preclinical milestone." *ScienceDaily*. Science Daily, 7 November 2019. <[www.sciencedaily.com/releases/2019/11/191107170503.htm](http://www.sciencedaily.com/releases/2019/11/191107170503.htm)>.
  19. Tasnim F, Deng R, Hu M, *et al.* Achievements and challenges in bioartificial kidney development. *Fibrogen Tissue Repair* 2010; 3:14. <https://doi.org/10.1186/1755-1536-3-14>
  20. Ebrahimkhani MR, Neiman JAS, Raredon MS, Hughes DJ, Griffith LG. Bioreactor technologies to support liver function *in vitro*. *Adv Drug Deliv Rev* 2014; 69: 132-157. <https://doi.org/10.1016/j.addr.2014.02.011>
  21. Tilles AW, Berthiaume F, Yarmush ML, Tompkins RG, Toner M. Bioengineering of liver assist devices. *J Hepato- Biliary- Pancreatic Surg* 2002; 9: 686-696. <https://doi.org/10.1007/s005340200095>
  22. Allen JW, Hassanein T, Bhatia SN. Advances in bioartificial liver devices. *Hepatol* 2001; 34: 447-455. <https://doi.org/10.1053/jhep.2001.26753>
  23. Zeilinger K, Schreiter T, Darnell M, *et al.* Tissue Engineering Part C: Methods. 2011.549-556. <http://doi.org/10.1089/ten.tec.2010.0580>
  24. Lanza RP, Butler DH, Borland KM, *et al.* Xenotransplantation of canine, bovine, and porcine islets in diabetic rats without immunosuppression. *Proc Natl Acad Sci U S A*. 1991; 88(24):11100- 11104. <https://doi.org/10.1073/pnas.88.24.11100>
  25. Minter DM, Gerlach JC, Marra KG. Bioreactors addressing diabetes mellitus. *J Diabetes Sci Technol*. 2014;8(6):1227- 1232. <https://doi.org/10.1177/1932296814548215>
  26. Wang N, Grad S, Stoddart MJ, Niemeyer P, *et al.* Bioreactor-induced chondrocyte maturation is dependent on cell passage and onset of loading. *Cartilage* 2013; 4(2): 165-176. <https://doi.org/10.1177/1947603512471345>
  27. Agarwal N, Popovic B, Martucci NJ, Fraunhofer NA, Soto-Gutierrez A. Biofabrication of autologous human hepatocytes for transplantation: How do we get there? *Gene Expression Liver Res* 2019; 19(2): 89-95. <https://doi.org/10.3727/105221618X15350366478989>
  28. Dos Santos FF, Andrade PZ, da Silva CL, Cabral JM. Bioreactor design for clinical- grade expansion of stem cells. *Biotechnol J* 2013; 8(6): 644-654. <https://doi.org/10.1002/biot.201200373>
  29. Li H, Sun S, Liu H, Chen H, Rong X, Lou J. *et al.* Use of a biological reactor and platelet-rich plasma for the construction of tissue-engineered bone to repair articular cartilage defects. *Exp Ther Med* 2016; 12(2): 711- 719. <https://doi.org/10.3892/etm.2016.3380>
  30. Ye H, Xia Z, Ferguson DJ, Triffitt JT, Cui Z. Studies on the use of hollow fibre membrane bioreactors for tissue generation by using rat bone marrow fibroblastic cells and a composite scaffold. *J Mater Sci Mater Med* 2007; 18(4): 641-648. <https://doi.org/10.1007/s10856-007-2314-4>
  31. Ovando-Roche P, West EL, *et al.* Use of bioreactors for culturing human retinal organoids improves photoreceptor yields. *Stem Cell Res Ther* 2018; 9(1): 156. <https://doi.org/10.1186/s13287-018-0907-0>
  32. Hutmacher DW. Scaffold design and fabrication technologies for engineering tissues-State of the art and future perspectives. *J Biomater Sci Polym Ed* 2001; 12: 107-124. <https://doi.org/10.1163/156856201744489>
  33. Stankus JJ, Guan J, Fujimoto K, Wagner WR. Microintegrating smooth muscle cells into a biodegradable, elastomeric fiber matrix. *Biomaterials* 2006; 27(5): 735-744. <https://doi.org/10.1016/j.biomaterials.2005.06.020>
  34. Mandenius CF. Conceptual Design of Micro-Bioreactors and Organ-on-Chips for Studies of Cell Cultures. *Bioeng*. 2018, 5, 56, <https://doi.org/10.3390/bioengineering5030056>
  35. Bahnmann J, Rajabi N, Fuge G, *et al.* A New Integrated Lab-on-a-Chip System for Fast Dynamic Study of Mammalian Cells under Physiological Conditions in Bioreactor. *Cells*. 2013; 2(2):349- 360. <https://doi.org/10.3390/cells2020349>
  36. Kang YBA, Rawat S, Duchemin N, Bouchard M, Noh M. Human Liver Sinusoid on a Chip for Hepatitis B Virus Replication Study. *Micromachines* 2017, 8, 27. <https://doi.org/10.3390/mi8010027>
  37. Zhang X, Wang T, Wang P, Hu N. High-Throughput Assessment of Drug Cardiac Safety Using a High-Speed Impedance Detection Technology-Based Heart-on-a-Chip. *Micromach* 2016; 7, 122. <https://doi.org/10.3390/mi7070122>
  38. Rezaei KA, Khadem MN, Pezeshgi MH, *et al.* Microfluidic-based multi-organ platforms for drug discovery. *Micromachines* 2016, 7, 162. <https://doi.org/10.3390/mi7090162>
  39. Paoli R, Samitier J. Mimicking the kidney: a key role in organ-on-chip development. *Micromachines* 2016, 7, 126. <https://doi.org/10.3390/mi7070126>
  40. Kang TH, Kim HJ. Farewell to Animal Testing: Innovations on Human Intestinal Microphysiological Systems. *Micromachines* 2016; 7, 107. <https://doi.org/10.3390/mi7070107>
  41. Paish HL, Reed LH, Brown H, *et al.* A Bioreactor technology for modeling fibrosis in human and rodent precision- cut liver slices. *Hepatology* 2019; 70(4): 1377- 1391. <https://doi.org/10.1002/hep.30651>
  42. Nietzer S, Baur F, Sieber S, *et al.* Mimicking metastases including tumor stroma: A new technique to generate a three-dimensional colorectal cancer model based on a biological decellularized intestinal scaffold. *Tissue Eng Part C Methods* 2016; 22(7): 621-635. <https://doi.org/10.1089/ten.tec.2015.0557>
  43. Aron J, Agarwal B, Davenport A. Extracorporeal support for patients with acute and acute on chronic liver failure. *Exp Rev Med Dev* 2016; 13: 367-380. <https://doi.org/10.1586/17434440.2016.1154455>



44. Selden C, Fuller B. Role of bioreactor technology in tissue engineering for clinical use and therapeutic target design. *Bioeng* 2018; 5(2): 32-41.  
<https://doi.org/10.3390/bioengineering5020032>
45. Göttlich, C., Müller, L. C., Kunz, *et al.* A combined 3D tissue engineered *in vitro/in silico* lung tumor model for predicting drug effectiveness in specific mutational backgrounds. *J Vis Exp* 2016; (110), e53885.  
<https://doi.org/10.3791/53885>
46. Stratmann AT, Fecher D, Wangorsch G, *et al.* Establishment of a human 3D lung cancer model based on a biological tissue matrix combined with a Boolean *in silico* model. *Mol Oncol* 2014; 8(2): 351-365.  
<https://doi.org/10.1016/j.molonc.2013.11.009>
47. Moll C, Reboredo J, Schwarz T, *et al.* Tissue engineering of a human 3D *in vitro* tumor test system. *J Vis Exp* 2013; (78), e50460. <https://doi.org/10.3791/50460>
48. Kashaninejad N, Nikmaneshi MR, Moghadas H, *et al.* Organ-tumor-on-a-chip for chemosensitivity assay: a critical review. *Micromachines* 2016; 7: 130.  
<https://doi.org/10.3390/mi7080130>
49. Low LA, Tagle DA. Tissue chips - innovative tools for drug development and disease modeling. *Lab Chip* 2017; 17(18):3026- 3036. <https://doi.org/10.1039/c7lc00462a>
50. Wu J, Dong M, Rigatto C, *et al.* Lab-on-chip technology for chronic disease diagnosis. *NPJ Digital Med* 2018; 1: 7.  
<https://doi.org/10.1038/s41746-017-0014-0>
51. Gerber R, McAllister P, Smith C, Simth T, Zabriskie D, Gardner A. Establishment of proven acceptable process control ranges for production of a monoclonal antibody by cultures of recombinant CHO cells. In: Validation of biopharmaceutical manufacturing processes. Kelley, B., Ramelmeier, A., Eds., ACS Symposium Series 698, ACS, Washington, 1998; 44–54.  
<https://doi.org/10.1021/bk-1998-0698.ch004>
52. Schilling B, Goodrick J, Wan NC. Scale-up of a high cell density continuous culture with *Pichia pastoris* X-33 for the constitutive expression of rh-Chitinase. *BiotechProg* 2001; (17): 629–633.  
<https://doi.org/10.1021/bp010041e>
53. Ainsworth S. Biopharmaceuticals. *Chem Eng News* 2005; 83(6): 21–29.
54. Penicillin V. Development of sustainable bioprocesses: modeling and assessment, Eds: Heinzle E, Biwer AP, Cooney CL. 2006 John Wiley & Sons, Ltd. ISBN: 0-470-01559-4, 2006; 193-206.
55. Citric Acid– Alternative Process using Starch In: Development of Sustainable Bioprocesses: Modeling and Assessment, Eds: Heinzle E, Biwer AP, Cooney CL. 2006 John Wiley & Sons, Ltd. ISBN: 0-470-01559-4, 2006, p. 125-135.
56. Pyruvic Acid– Fermentation with Alternative Downstream Processes, In: Development of Sustainable Bioprocesses: Modeling and Assessment, Eds: Heinzle E, Biwer AP, Cooney CL. 2006 John Wiley & Sons, Ltd. ISBN: 0-470-01559-4, 2006, p. 137-145.
57.  $\alpha$ -Cyclodextrin, In: Development of Sustainable Bioprocesses: Modeling and Assessment, Eds: Heinzle E, Biwer AP, Cooney CL. 2006 John Wiley & Sons, Ltd. ISBN: 0-470-01559-4, 2006, p. 181-189.
58. Elliott MB, Gerecht S. Three-dimensional culture of small-diameter vascular grafts. *J Mater Chem B* 2016; 4(20): 3443-3453.  
<https://doi.org/10.1039/c6tb00024j>
59. Sundaram S, Echter A, Sivarapatna A, Qiu C, Niklason L. Small-Diameter Vascular Graft Engineered Using Human Embryonic Stem Cell-Derived Mesenchymal Cells. *Tissue Eng Part A*. Feb 2014.740-750.  
<http://doi.org/10.1089/ten.tea.2012.0738>
60. Liqiong Gui, Laura E Niklason, Vascular tissue engineering: building perfusable vasculature for implantation. *Curr Opin Chem Eng* 2014; 3: 68-74.  
<https://doi.org/10.1016/j.coche.2013.11.004>
61. Best C, Strouse R, Hor K, Pepper V, Tipton A, Kelly J, Shinoka T, Breuer. Toward a patient-specific tissue engineered vascular graft. *J Tissue Eng* 2018; 9.  
<https://doi.org/10.1177/2041731418764709>
62. Melchiorri AJ, Bracaglia LG, Kimerer LK, Hibino N, Fisher JP. *In vitro* endothelialization of biodegradable vascular grafts via endothelial progenitor cell seeding and maturation in a tubular perfusion system bioreactor. *Tissue Eng. Part C: Methods* 2016; 22(7):663-670.  
<http://doi.org/10.1089/ten.tec.2015.0562>
63. Wendt D, Jakob M, Martin I. Bioreactor-based engineering of osteochondral grafts: from model systems to tissue manufacturing. *J Biosci Bioeng* 2005; 100(5): 489-94. <https://doi.org/10.1263/jbb.100.489>
64. Mačiulaitis J, Rekšytė S, Ūsas A, *et al.* Characterization of tissue engineered cartilage products: Recent developments in advanced therapy, *Pharmacological Research*, Volume 113, Part B, 2016; 823-832.  
<https://doi.org/10.1016/j.phrs.2016.02.022>
65. Fröhlich M, Grayson WL, Wan LQ, *et al.* Tissue engineered bone grafts: Biological requirements, tissue culture and clinical relevance. *Curr Stem Cell Res Ther* 2008; 3(4): 254- 264.  
<https://doi.org/10.2174/157488808786733962>
66. Huang RL, Kobayashi E, Liu K, Li Q. Bone graft prefabrication following the *in vivo* bioreactor principle. *EBio Medicine*. 2016; 12:43- 54.  
<https://doi.org/10.1016/j.ebiom.2016.09.016>
67. Rauh J, Milan F, Günther KP, Stiehler M. Bioreactor Systems for Bone Tissue Engineering. *Tissue Eng. Part B: Reviews* 2011; 17(4):263-280.  
<http://doi.org/10.1089/ten.teb.2010.0612>
68. Rahyussalim AJ, Marsetio AF, Kurniawati T. Bioreactor as a New Resource of Autologous Bone Graft to Overcome Bone Defect *In Vivo*. *Clinic Rev Bone Miner Metab* 2017; 15: 139–150.  
<https://doi.org/10.1007/s12018-017-9237-5>
69. Grayson WL, Bhumiratana S, Cannizzaro C, Vunjak-Novakovic G. Bioreactor cultivation of functional bone grafts. *Methods Mol Biol*. 2011; 698:231-41.  
[https://doi.org/10.1007/978-1-60761-999-4\\_18](https://doi.org/10.1007/978-1-60761-999-4_18)
70. Maus MV, Nikiforow S. The why, what, and how of the new FACT standards for immune effector cells. *J Immunother Cancer* 2017; 5(1): 36.  
<https://doi.org/10.1186/s40425-017-0239-0>
71. Eaker S, Abraham E, Allickson J, Brieva TA, Baksh D, Heathman TR, *et al.* Bioreactors for cell therapies: current status and future advances. *Cytotherapy* 2017; 19(1): 9-18.  
<https://doi.org/10.1016/j.jcyt.2016.09.011>